



## Joint Agreement and Petition To Reopen Closed Medical Benefits

<b>1. Injured Worker's Name:</b>	
Address:	Phone:
	Email (optional):
	Date of Birth:
<b>2. MT Agency Claim Number: (optional)</b>	
Date of Injury:	Body Part:
<b>3. Insurer:</b>	Contact:
Address:	Phone:
	Email (optional):
<b>4. What is your current work status?</b> Working at my time of injury job Working at modified or different job Not Working	<b>5. Has there been a settlement approved for medical benefits?</b> Yes      No
<b>6. Describe how the reopening of medical benefits will keep you at work or return you to work.</b> Attach additional pages and supporting medical documents as needed.	
<p>The injured worker and the insurer jointly petition the Montana Department of Labor &amp; Industry to reopen the medical benefits in the workers' compensation or occupational disease claim identified as the MT Agency Claim Number above.</p> <p>The injured worker and the insurer each agrees to the reopening of medical benefits as needed for the injured worker to: (a) stay at work; (b) return to work; or (c) reach maximum medical improvement following surgery or other recommended treatment. The need for continuing medical benefits will be reviewed every two years by the Department's Medical Director.</p> <p>The injured worker and the insurer each agree that the reopening of medical benefits being requested in this petition are necessary and appropriate, and will allow the worker to return to work or continue to work.</p> <p>The injured worker and the insurer each agree that this Joint Petition will be reviewed solely by the Department of Labor and Industry's Medical Director and will not be reviewed by a three-physician panel.</p> <p>The injured worker by signing below authorizes the release of all health care information in the possession of the insurer or a medical provider, whether generated by the health care provider or any other source, to the Montana Department of Labor &amp; Industry (DLI) and/or its agents for the purpose of evaluating the petition for reopening of workers' compensation medical benefits pursuant to § 39-71-717, Mont. Code Ann. This release is subject to revocation at any time by the injured worker. The release is effective only as long as the injured worker is claiming workers' compensation medical benefits.</p>	
<b>Injured Worker's Signature:</b>	<b>Insurer's Signature:</b>
Date:	Date:
Medical Benefits Reopened	Medical Benefits Will Be Reviewed
<b>Reviewed by the Medical Director. Medical Director's Signature:</b>	
Date:	



# Montana Department of LABOR & INDUSTRY

## Instructions

### Joint Agreement and Petition To Reopen Closed Medical Benefits

The purpose of this form is to:

1. Facilitate a fast and easy way for medical benefits to be reopened that both the injured worker and the insurer agree to and will help the injured worker stay at work or return the injured worker to work.
2. Obtain the necessary information for the Department to review the request and when appropriate approve the petition

**Field 1:** Fill in the injured worker's name, current mailing address, telephone number or contact telephone number and date of birth are required. If there is neither a telephone number nor a contact number indicate by using "NONE". Email address is optional.

**Field 2:** The date of Injury and body part injured are required fields. The Montana Agency Number is optional.

**Field 3:** The insurer's name, contact person (adjustor), mailing address and telephone number are required. The email address is optional.

**Field 4:** The injured worker must indicate his/her work status by checking the appropriate box and is required.

**Field 5:** Check the appropriate answer to the question regarding medical settlements only and is required.

**Field 6:** Describe how the reopening of medical benefits will keep you at work or return you to work.

**Field 7:** Explain how the reopening of medical benefits will keep you at work or return you to work. When your petition is accepted, the department will request your medical records from your insurer. However, you are encouraged to include any additional supporting medical documentation, letters, etc. Any medical records or other information submitted by either party which have not previously been provided to the other party, must be sent to the other party at the same time the records or other information are delivered to the department. Add additional pages to this petition if you need more space. This is required.

**Read the disclosure near the bottom of the page.** If you have questions contact the Employment Relations Division (ERD) of the Montana Department of Labor & Industry at (406) 444-6543.

**Signature Field:**

The injured worker must sign and date the box on bottom of the page. The signature and date is required to reopen the medical benefits.

Send the petition and any supporting documentation to:

MONTANA DEPARTMENT OF LABOR & INDUSTRY  
PETITION TO REOPEN CLOSED MEDICAL BENEFITS  
P O BOX 8011  
HELENA, MONTANA 59604

Or email to: [DLIERDReopenWCMedBenefits@mt.gov](mailto:DLIERDReopenWCMedBenefits@mt.gov)